

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	200003	4-25-00
O.I.P.E. CLASSIFIER		49	5/3/00
FORMALITY REVIEW	CA	69 dille	6/27/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	9-2-03	
2	✓	2-16-04	
3	✓	6-21-04	
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	0		
11	0		
12	0		
13	0		
14	0		
15	0		
16	✓		
17	✓		
18	✓		
19	✓		
20	✓		
21	✓		
22	✓		
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30	✓		
31	0		
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33	0		
34	0		
35	0		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	0		
46	0		
47	0		
48	9		
49	0		
50	0		

Claim	Final	Original	Date
51	0	9-2-03	
52	✓	2-16-04	
53	✓	6-21-04	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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